U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7339	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name patrick Knighton	Name IBEW Local Union 569			
	Labor Organization File Number 034-254			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 9001 Oville Street	Street 4545 Viewridge Avenue			
City spring Valley	City San Diego			
State California ZIP Code + 4 91977	State California ZIP Code + 4 92123-1633			
5. Position in labor organization. Executive Board Member				
:	,			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZiP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Office Signed	On 04/15/2006 (858) 569-8900			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date Telephone Number			

Name of Person Filing Patrick Knighton	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name San Diego Electrical Health & Welfare Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 231219  Street  City San Diego  State California ZIP Code + 4 92194-1219	9. Business deals with:  X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Appointed by IBEW Local 569 as a labor Trustee.
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0  12.a. Nature of interest held or income received.  Lost wages and fringe benefits for required attendance at scheduled Board of Trustees meetings and/or educational conferences.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	12.b. Amount. \$2,822 er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State

Name of Person Filing Patrick Knighton

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name San Diego Electrical H&W Trust	★ a. Labor Organization
Trade Name, if any:	X di Edati. Gigalitzation
P.O. Box, Bldg., Room No., if any PO Box 231219	b. Trust
Street	c. Employer
City San Diego	
State California ZIP Code + 4 92194-1219	
10. If 9.b. or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Appointed by IBEW Local 569 as a labor Trustee.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code ÷ 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Expenses for required attendance at scheduled Board of Trustees meetings and/or eductational conferences.
	12.b. Amount. \$2,754

Name of Person Filing Patrick Knighton

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.a. Nature of interest held or income received.  One ticket to annual graduation ceremony.				
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 4675 Viewridge Ave, Suite file  City San Diego State California ZIF Code + 4 92194-1219  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4  11.b. Approximate dollar value of such dealing.  \$0. Trust  c. Employer  11.a. Nature of such dealing.  Attendance at annual graduation ceremony.  11.b. Approximate dollar value of such dealing.  \$0. Trust  11.b. Approximate dollar value of such dealing.  \$0. Trust  11.b. Approximate dollar value of such dealing.  \$0. Trust  11.a. Nature of such dealing.  Attendance at annual graduation ceremony.	8. Name and address of Busine	ess (including trade name, if any).	9. Business deals with:	
P.O. Box, Bidg, Room No., if any  Street 4675 Viewridge Ave, Suite #ID  City San Diego State California ZIP Code + 4 92194-1219  10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg, Room No., if any Street  City  State ZIP Code + 4  11.b. Approximate dollar value of such dealing.  \$0. Trust  c. Employer  11.a. Nature of such dealing.  Attendance at annual graduation ceremony.  11.b. Approximate dollar value of such dealing.  \$0. 12.a. Nature of interest held or income received. One ticket to annual graduation ceremony.	_	rical Training Trust	X a. Labor Organization	
Street 4675 Viewridge Ave, Suite #ID  City San Diego State California ZIF Code + 4 92194-1219  10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street  City  State ZIP Code + 4  11.b. Approximate dollar value of such dealing.  90  12.a. Nature of interest held or income received. One ticket to annual graduation ceremony.		any		
State California  ZIP Code + 4 92194 - 1219  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code - 4  11.b. Approximate dollar value of such dealing.  **Title Name**  **Title Name**  Attendance at annual graduation ceremony.  11.b. Approximate dollar value of such dealing.  \$0  12.a. Nature of interest held or income received.  One ticket to annual graduation ceremony.	-	Ave, Suite #D	c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  11.a. Nature of such dealing.  Attendance at annual graduation ceremony.  11.a. Nature of such dealing.  Attendance at annual graduation ceremony.	_	<b>-</b>		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code ÷ 4  11.b. Approximate dollar value of such dealing.  \$0  12.e. Nature of interest held or income received. One ticket to annual graduation ceremony.	State California	ZIP Code + 4 92194-1219		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code ÷ 4  11.b. Approximate dollar value of such dealing. \$0  12.a. Nature of interest held or income received.  One ticket to annual graduation ceremony.	10. If 9.b. or 9.c. is checked give	trust or employer's name.		
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code ÷ 4  11.b. Approximate dollar value of such dealing. \$0  12.a. Nature of interest held or income received.  One ticket to annual graduation ceremony.	Name		Attendance at annual graduation ceremony.	
Street  City  State  ZIP Code ÷ 4  11.b. Approximate dollar value of such dealing. \$0  12.a. Nature of interest held or income received.  One ticket to annual graduation ceremony.	Trade Name, if any:			
State  ZIP Code ÷ 4  11.b. Approximate dollar value of such dealing.  \$0  12.a. Nature of interest held or income received.  One ticket to annual graduation ceremony.	P.O. Box, Bldg., Room No., if a	any		
State  ZIP Code ÷ 4  11.b. Approximate dollar value of such dealing. \$0  12.a. Nature of interest held or income received.  One ticket to annual graduation ceremony.	Street			
12.a. Nature of interest held or income received.  One ticket to annual graduation ceremony.	City			
One ticket to annual graduation ceremony.	State	ZIP Code ÷ 4	11.b. Approximate dollar value of such dealing.	\$0
			12.a. Nature of interest held or income received.	
12.b. Amount. \$50			One ticket to annual graduation ceremony.	
			12.b. Amount.	\$50